

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No.

20 312

(to be filled in by the Clerk's Office)

Michael Allen Trump SR

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Prime care medical staff
Montgomery county Prison

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which
you have been known:

ID Number

Current Institution

Address

Michael A Trump

Mont Co Prison - DOC # 1D061388

1998-6004

Berks County Jail

1287 county welfare Road

Leesport

PA

19533

City

State

Zip Code

"100" also have address 250 Berks St
#2 Stowe PA 19464 Christine Steinkamp

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Shield Number

Employer

Address

Prime care medical staff

Psychiatric Department staff

Psychiatrist

Psychiatrist McCreary

60 Eagleville RD

Narrestown

PA

19403

City

State

Zip Code

☒ Individual capacity☒ Official capacity**Defendant No. 2**

Name

Job or Title (if known)

Shield Number

Employer

Address

MCCF security officers

Captains sergeants and staff

Lt Zerk Sgt Martinez

Security officers MCCF

60 Eagleville RD

Narrestown

PA

19403

City

State

Zip Code

☒ Individual capacity☒ Official capacity

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Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

Prime care medical
Doctors and Nurses
MCCF
100 Eagleville RD
Nedristown PA 19403
City State Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

not only
MCCF generally county corrections
prison and military officers including and
warden Lt Zerk Lt Flamer Sgt
MCCF staff of security marthuez
100 Eagleville RD
Nedristown PA 19403
City State Zip Code

☒ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th amendment 4th amendment 14th amendment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☒ Other (explain) Paroled county Detainee convicted

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.
In R#26 protective custody on H2 I was assaulted and given 2 Black eyes and broken nose then placed back in cell with assault by security in medical Department psych wing in enclosed plexiglass cell M2 18 cell

C. What date and approximate time did the events giving rise to your claim(s) occur?

from Dec. 5th 2018

December 24 2018 through Jan and Feb 2019

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

upon intake told them I'm suicidal
I was not allowed to call my family or write them
I was going insane. They put me on suicide watch
I was assaulted by my cell mate taken to the RH2L
then assaulted by another mail inmate on J2 then
found trying to hang myself on K6 then taken back
to medical where I was put in a max secure cell not allowed
to have any contact with family or lawyers never got any
calls Christmas eve a guard gave me a blanket against
security rules and to ripped it and tried to hang myself
and hang myself when I got out of that wing I went to H2 where I was
assaulted by same inmate and told I would not be moved by security
and made to live with inmates that
assaulted me for weeks till they
did it again

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Injuries to neck back numbness
two black eyes head trauma
Broken nose lost filling in
tooth dental any wish still have neck pain and
Head aches and still not given some medications but
not gabapentin like I'm suppose to get per Department
of corrections Doctors

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I wish them to fix my neck make sure nobody
else in deprived intake phone calls to family be allowed
to get envelopes to write family and lawyers when
in medical psych Dept I wish \$50,000. treat each
person and department involved in suite

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*montgomery county corrections and its on tablet
me asking and being denied grievances after I
filed 2 and then was answered on my but none
of the others and denied my letter that*

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

*to medical about issues to security about endangering
my well-being and not allowed to contact family by
phone or mail.*

when I was taken to MCCF I was intaked taken
 to a block on or about Dec 3rd 2018. I was
 suicidal and told security officers. They took me to
 M2 Psychiatric wing. While there I was assaulted
 by my cellmate. Then I was taken to KH2C
 by Lt Zeik and should've never been moved to
 such unit being unstable suicidal and not on
 proper meds. I was assaulted by said cellmate
 Bo Bo was his nick name on J2. Then was
 moved to K6 where I was found by Lt Zeik
 trying to hang myself. I was moved back
 to M2 18 cell in a plexiglass cell similar
 watch phase 1 cell. In the next couple
 days I was seen by psychologist and
 psychiatrist and put back into said cell ^{and}
 I then was taken on 1st shift on ^{and} ~~xmas~~
 eve down to medical at said time transport
 security took me down gave me a blanket I
 wasn't to have and told me I gave one of
 these to another guy and he hung himself
 don't get me into trouble. With that I figured
 out how to tear a long strip from said blanket
 and proceeded to hang myself. Security ran
 in cut me down. Then never checked me for
 injuries took me to M1 put me in a
 cell naked for the next 2 days with no
 clothes nothing to cover myself at all and
 never checked me for injuries and then
 held me on medical for about 30 days

about 47 total days spent in medical.
 Then I was taken to H2 where I was put on
 a block with the inmate an Indian man that
 assaulted me in medical then and another male
 named Dapa assaulted me again. I was taken
 to medical with 2 Black eyes and a broken
 nose that I still get headaches neck pains
 and sinus issues from. I was placed in
 medical again for days till I was moved back
 to H2 and placed in the cell that I was
 assaulted in with same Indian guy. I wrote
 on the tablet to get moved and was told I
 would be moved to the BTH By Lt. Flannel. I
 kept asking and filing paper work about the
 incidents and complaining I was threatened
 not to file anymore paper work and when on
 the BTH tablet about more grievances my counselor
 told me to tell him what they were for and he
 would give them to me when I seen him and
 told him he denied me them again and then I
 just let well enough alone and wanted to read and
 learn what I could do to help myself and
 now I'm filing this to try to get some
 type of relief. There's video of everything of
 medical dept and every time of every Block and
 of all witness to any and all allegations at
 Monticelli County Prison and in cells on suicide
 watch Phase 1 cells I was housed in

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Montgomery county prison on tablet and by written forms

2. What did you claim in your grievance?

that I was in medical for 47 days never got a grievance to file then that I was assaulted then that I was denied medical treatment and my rights were being violated

3. What was the result, if any?

after they answered one I appealed it and they never answered any others of appeal and denied me anything never got any responses but kept asking for new grievances on tablets to refile

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

They never answered but one grievance and I appealed that one every time they moved me they went into my property and took paper work I did file that I needed for civil suite

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

They Denied me on the tablet
and in person Counselor Andrew Ditt
after I filed the first one I couldn't get anymore

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

They took every paper when I went to RH21 and
psych department pertaining to my being assaulted
and given implements to harm myself

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

12-17-19

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Michael J Trump SR
1998-6004
1287 county welfare Road
Leesport PA 19533
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

City

State

Zip Code

Telephone Number _____

E-mail Address _____

others as Defendants
prison staff medical staff
psychiatrist/psychologist
security staff including but not only
Lt Zeik Lt Flamer SGT Martinez
transport officers in video of hanging
and transport to M I and on duty during
said times, officers working medical
Palaski, and Appel and others on duty
during periods stipulated
including nurses on duty and other
SGT Lt and captains
warden of MCCF and Dept warden

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**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

Trump

CIVIL ACTION

v.

NO. **20** **312**

Prime Care Medical Staff, et. al.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ☐
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ☐
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ☐
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ☐
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases. ☐
- (f) Standard Management – Cases that do not fall into any one of the other tracks. **555** ☒

JAN 16 2020
Date

Daniel McGinnis
Deputy Clerk

Attorney for

Telephone

FAX Number

E-Mail Address

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

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312

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 1287 County Welfare Road, Leesport, PA 19533

Address of Defendant: _____

Place of Accident, Incident or Transaction: MontgomeryDate Terminated: 8/29/13THIS CASE IS RELATED TO: 13-349CIVIL ACTION NO. 20-312
CRIMINAL NO. _____ASSIGNED TO: Judge SanchezYes ☐ No ☐Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No ☐

3 or within one year previously terminated action in

this court except as noted above.

DATE: 01/16/2020David McComb

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

CIVIL: (Place a ✓ in one category only)

A. Federal Question Cases:

- ☐ 1. Indemnity Contract, Marine Contract, and All Other Contracts
- ☐ 2. FELA
- ☐ 3. Jones Act-Personal Injury
- ☐ 4. Antitrust
- ☐ 5. Patent
- ☐ 6. Labor-Management Relations
- ☒ 7. Civil Rights 555
- ☐ 8. Habeas Corpus
- ☐ 9. Securities Act(s) Cases
- ☐ 10. Social Security Review Cases
- ☐ 11. All other Federal Question Cases

(Please specify): _____

B. Diversity Jurisdiction Cases:

- ☐ 1. Insurance Contract and Other Contracts
- ☐ 2. Airplane Personal Injury
- ☐ 3. Assault, Defamation
- ☐ 4. Marine Personal Injury
- ☐ 5. Motor Vehicle Personal Injury
- ☐ 6. Other Personal Injury (Please specify): _____
- ☐ 7. Products Liability
- ☐ 8. Products Liability - Asbestos
- ☐ 9. All other Diversity Cases

(Please specify): _____

ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, _____, counsel of record or pro se plaintiff, do hereby certify:

☐ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:☐ Relief other than monetary damages is sought.

DATE: _____

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

Michael Tromp 1998-2004
1287 county welfare RD
Leesport PA 19533

U.S.M.C.
X-RAY

United States
Pennsylvania
clerk's o
ATTN. Ka
601 market
PA 19



U.S. POSTAGE >> PITNEY BOWES



ZIP 19533 \$ 001.60⁰
02 1W
0001365964 JAN 12 2020

ates District Court
a Eastern District
Office Room 2609
te Barkman ~~601~~
et st Philadelphia
106-9865

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